

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

829

1. PLACE OF DEATH  
 41 County Harrison Registration District No. 334  
 1 Township ..... Primary Registration District No. 4197  
 6 City Bethany (No. .... St. .... Ward) .....  
 2. FULL NAME Cora Neal  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) ..... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

5A. IF MARRIED, WIDOWED, OR DIVORCED BAND OF ERNEST NEAL (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 9 22

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Mo. 1

FATHER  
 13. NAME Joseph F. Bryant  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 2

MOTHER  
 15. MAIDEN NAME Rhoda E. Manis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 31

17. INFORMANT Russel Neal & Joseph Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Baptist DATE Jan 25 1932  
 19. UNDERTAKER S. M. Baker Bethany Mo.  
 20. FILED 2/10 1932 W. J. Hamer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 16 1932 to Jan 23 1932.  
 I last saw him alive on Jan 23 1932. Death is said to have occurred on the date stated above, at 9:15 am.  
 The principal cause of death and related causes of importance were as follows:  
Asphyxiation  
 Date of onset .....  
 Other contributory causes of importance: .....  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....  
 Manner of injury .....  
 Nature of injury 1  
 24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Asphyxiation  
 (Signed) J. H. Proyer, M. D.  
 (Address) Bethany Mo.

